

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2012 AUG 10 AM 11:16

Office Use Only

FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Together We Thrive

ADDRESS (number and street)

1950 East Greymound Pass

Check if different
than previously
reported. (ACC)

Suite 18-101

Westfield

LN

46074-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00522458

3. IS THIS
REPORT

X

NEW
(N) OR

AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)

X July 15
Quarterly Report (Q2)

October 15
Quarterly Report (Q3)

January 31
Year-End Report (YE)

July 31 Mid-Year
Report (Non-election
Year Only) (MY)

Termination Report
(TER)

(b) Monthly
Report
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the
State of

(d) 30-Day
POST-Election
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

05 / 29 / 2012

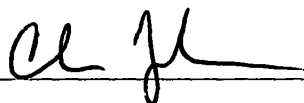
through

07 / 15 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher Zullo

Signature of Treasurer



Date

08 / 06 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

05 / 29 / 2012

To:

07 / 15 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 00		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	350.00	350.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	350.00	350.00
7. Total Disbursements (from Line 31)	260.00	260.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	90.00	90.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

12030872794

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 05 / 29 / 2012 To: ^{M M / D D / Y Y Y Y} 07 / 15 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	, 100.00	, 100.00
(ii) Unitemized	, 0.00	, 0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 100.00	, 100.00
(b) Political Party Committees	, 0.00	, 0.00
(c) Other Political Committees (such as PACs).....	, 0.00	, 0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	, 100.00	, 100.00
12. Transfers From Affiliated/Other Party Committees.....	, 6.00	, 0.00
13. All Loans Received.....	, 250.00	, 250.00
14. Loan Repayments Received.....	, 0.00	, 0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	, 0.00	, 0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	, 0.00	, 0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	, 0.00	, 0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	, 0.00	, 0.00
(b) Levin Funds (from Schedule H5).....	, 0.00	, 0.00
(c) Total Transfers (add 18(a) and 18(b))..	, 0.00	, 0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	, 350.00	, 350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	, 0.00	, 0.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	250.00	250.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	10.00	10.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	260.00	260.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	, 1 0 0 . 0 0	, 1 0 0 . 0 0
34. Total Contribution Refunds (from Line 28(d))	, 0 . 0 0	, 0 . 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 1 0 0 . 0 0	, 1 0 0 . 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	, 0 . 0 0	, 0 . 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	, 0 . 0 0	, 0 . 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, 0 . 0 0	, 0 . 0 0

12030872797

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 1 OF 2	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Together We Thrive

Full Name (Last, First, Middle Initial)

A. Christopher Zullo

Mailing Address

444 Montgomery Drive

City

Westfield

State

IN

Zip Code

46074

FEC ID number of contributing
federal political committee.

C

Name of Employer

PinPoint WebSolutions

Occupation

Owner

Receipt For:

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

, 350.00

Date of Receipt

MM / DD / YYYY
05 / 29 / 2012

Amount of Each Receipt this Period

, 100.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

, , .

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

, , .

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

, , .

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

, , .

SUBTOTAL of Receipts This Page (optional).....▶

, 100.00

TOTAL This Period (last page this line number only).....▶

, 350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **2** OF **2**

☐ 11a ☐ 11b ☐ 11c ☐ 12
☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Together We Thrive

Full Name (Last, First, Middle Initial)

A. *Christopher Zullo*

Mailing Address

444 Montgomery Drive

City

Westfield

State

IN

Zip Code

46074

FEC ID number of contributing
federal political committee.

C

Name of Employer

PinPoint Web Solutions

Occupation

Owner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

, 350.00

Date of Receipt

05 / 29 / 2012

Amount of Each Receipt this Period

, 250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

, , .

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, , .

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

, , .

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, , .

SUBTOTAL of Receipts This Page (optional)..... ►

, 250.00

TOTAL This Period (last page this line number only)..... ►

, 350.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☒ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Together We Thrive

Full Name (Last, First, Middle Initial)

A. Christopher Zullo

Date of Disbursement

Mailing Address

444 Montgomery Drive

07 / 10 / 2012

City

Westfield

State

IN

Zip Code

46074

Purpose of Disbursement

Loan Repayment

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

, 250.00

Office Sought:

☐ House
☐ Senate
☐ President
State: District:

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

M M / D D / Y Y Y Y

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President
State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

M M / D D / Y Y Y Y

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President
State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶

, 250.00

TOTAL This Period (last page this line number only).....▶

, 260.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Together We Thrive

Full Name (Last, First, Middle Initial)

A. *Regions Bank*

Mailing Address

2155 East 146th Street

City

Carmel

State

IN

Zip Code

46033

Purpose of Disbursement

Bank Account Service Fee

Candidate Name

N/A

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) *Bank Service Fee*

State:

District:

Date of Disbursement

07 / 13 / 2012

Amount of Each Disbursement this Period

, , 10.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

, , .

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

, , .

SUBTOTAL of Disbursements This Page (optional)..... ►

, , 10.00

TOTAL This Period (last page this line number only)..... ►

, , 260.00

12030872801

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Together We Thrive

LOAN SOURCE Full Name (Last, First, Middle Initial)

Christopher Zullo

Mailing Address

444 Montgomery Drive

City Westfield

State IN

ZIP Code 46074

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

, 250.00

, 250.00

, 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

05 / 29 / 2012

07 / 14 / 2012

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

, , .

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

, , .

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

, , .

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

, , .

SUBTOTALS This Period This Page (optional)..... ▶

, , 0.00

TOTALS This Period (last page in this line only)..... ▶

, , 0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Together We Thrive</div>		FEC IDENTIFICATION NUMBER <div style="font-size: 1.2em; font-family: cursive;">C</div>	
LENDING INSTITUTION (LENDER) Full Name <div style="font-size: 1.2em; font-family: cursive;">Christopher Zullo</div>		Amount of Loan <div style="font-size: 1.2em; font-family: cursive;">, 250.00</div>	Interest Rate (APR) <div style="font-size: 1.2em; font-family: cursive;">. 0 %</div>
Mailing Address <div style="font-size: 1.2em; font-family: cursive;">444 Montgomery Drive</div>		Date Incurred or Established <div style="font-size: 1.2em; font-family: cursive;">06 / 01 / 2012</div>	
City <div style="font-size: 1.2em; font-family: cursive;">Westfield</div>	State <div style="font-size: 1.2em; font-family: cursive;">IN</div>	Zip Code <div style="font-size: 1.2em; font-family: cursive;">46074</div>	Date Due <div style="font-size: 1.2em; font-family: cursive;">07 / 14 / 2012</div>
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred _____			
B. If line of credit, Total Amount of this Draw: _____ Outstanding Balance: _____			
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="font-size: 1.2em; font-family: cursive;">0</div> Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="font-size: 1.2em; font-family: cursive;">0.00</div>	
A depository account must be established pursuant to 11 CFR 100.82(o)(2) and 100.142(e)(2). Date account established: _____ <div style="font-size: 0.8em;">M M / D D / Y Y Y Y</div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. <div style="font-size: 1.2em; font-family: cursive;">Cash Basis and Management Security</div>			
G. COMMITTEE TREASURER Typed Name <div style="font-size: 1.2em; font-family: cursive;">Christopher Zullo</div> Signature <div style="font-size: 1.2em; font-family: cursive;">[Signature]</div>		DATE <div style="font-size: 1.2em; font-family: cursive;">08 / 06 / 2012</div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name <div style="font-size: 1.2em; font-family: cursive;">Christopher Zullo</div> Signature <div style="font-size: 1.2em; font-family: cursive;">[Signature]</div>		DATE <div style="font-size: 1.2em; font-family: cursive;">08 / 06 / 2012</div>	
Title <div style="font-size: 1.2em; font-family: cursive;">Personal</div>			

12030872803

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

☐ Postmark Illegible

☐ No Postmark

<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>ups</i>	Shipping Date <i>8/8/12</i>
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

<i>JMP</i> PREPARER	<i>8/10/12</i> DATE PREPARED
------------------------	---------------------------------